

TRANSMITTAL SLIP		DATE
TO: <i>Ch/G</i>		<i>7/3/58</i>
ROOM NO.	BUILDING	
REMARKS:		
<p><i>Dr. Guthe has sent a copy to [REDACTED] I/G-M, for his review, & will talk with him before signing off on this.</i></p> <p style="text-align: right;"><i>A</i></p>		
FROM:		
ROOM NO.	BUILDING	EXTENSION

25X1A9a

FORM NO. 241
1 FEB 55

REPLACES FORM 36-8
WHICH MAY BE USED.

(47)